



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036600053

CITY OR TOWN EASTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE EAST VILLAGE INC.

DOING BUSINESS AS

ADDRESS 39 UNION STREET

CITY/TOWN: EASTHAMPTON

STATE: MA

ZIP CODE: 01027

MANAGER: STALLONE,
DIANA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONSIST OF APPROX. 2000 SQ FT OF GROUND FLOOR COMMERCIAL SPACE..THERE ARE TWO ENTRANCES/EXITS...ONE IS IN THE FRONT OF THE BUILDING FACING UNION STREET, AND THE OTHER GOES TO THE PARKING LOT BEHIND THE BUILDING...THE PREMISES ARE A COMBO GALLERY/LIMITED SERVICE CAFÉ..THE CAFÉ AREA IS IN THE FRONT, FACING UNION STREET...THE LICENSE IS TO INCLUDE OUTSIDE DINING IN THE FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036600061

CITY OR TOWN EASTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LYMAN & LYMAN INC.

DOING BUSINESS AS RIFF'S JOINT

ADDRESS 116 PLEASANT STREET

CITY/TOWN: EASTHAMPTON

STATE: MA

ZIP CODE: 01027

MANAGER: CAHILL, JEFFREY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CASUAL DINING RESTAURANT WITH 49 SEATS AND COUNTER SERVICE...LOCATED INSIDE OF AN OLD MILL BUILDING...TWO ENTRANCES INTO COMMON AREA OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)